

REGISTRATION # _____ DATE APPROVED _____ APPROVED BY _____



CITY OF HORSESHOE BAY

BUILDING CONTRACTOR REGISTRATION

Name of Contractor: _____ Assumed Name/DBA _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

TX Drivers License #: _____ Federal Tax ID #: _____ TRCC Reg. #: _____

Designated Agent Name: _____ Application Date: _____

Business Type: (Check One) Corporation _____ Partnership _____ Sole Proprietorship _____

Limited Liability Company _____ Joint Venture _____ Estate/Trust _____

Birth Date: _____ Registration Fee \$100 Cash _____ Check# _____

Has any project of yours been foreclosed on or not been completed due to lack of funds? Yes ___ No ___

If yes, explain: _____

Have you ever been sued because of poor workmanship or other problems with a project? Yes ___ No ___

If yes, explain: _____

Authorization for Credential Verification and Criminal Background Investigation: In submitting this application, I hereby authorize the Development Services Department to do a Credential Verification and a Criminal Background Investigation of the information provided on this Form, and agree to abide by the results of the Verification and Investigation. _____ Initials.

Registration and Building Permit are subject to revocation if any information provided is found to be false, if the City is not notified in writing of any changes in the information given on this application, or if there is any City Code violation.

As the Designated Agent, I certify that I am individually and severally liable for company violations of City Building and related Codes, and that all of the information submitted on this form and on attached documents is true and correct, to the best of my knowledge and belief:

Signature of Applicant, Managing Partner,
Or Officer, if Incorporated

Date

Printed Name of Applicant

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Have you or a corporate officer or a partner ever been convicted of, or pleaded guilty or no contest to, a misdemeanor involving moral turpitude (theft, deceit, fraud, misrepresentation, intentional violence and sexual offenses) or a felony, or is any such charge now pending? Yes ___ No ___

If you answered Yes to the above, then please complete the following information on the next page or attach a separate sheet with your answers for each such offense:

Crime you were convicted of: _____ Date: _____

Case #: _____ County: _____ Court: _____

Provide proof of payment of court fees and proof of completion of sentence/probation/parole/deferred adjudication and provide an explanation of restitution and rehabilitation.

List your work activities since the conviction(s): _____

Complete the following as applicable, otherwise enter N/A:

Certified copy of indictment or information: _____

Certified copy of judgment and sentence: _____

Certified copy of the order of probation: _____

Certified copy of the order revoking probation: _____

FOR OFFICE USE ONLY

Staff Review By: _____ Date: _____ Rejected By: _____ Date: _____

Registration Valid for 2 Years is New _____ Renewal _____ Any Taxes Owed to City? Yes ___ No ___

Registration No. _____ Approved By: _____ Date: _____

COPY OF DRIVER'S LICENSE